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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36344

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4686

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1829 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1829 Washington 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MRS. MARGARET V. AUDLEY
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Audley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 19 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	1	24	hr. min.

9. Birthplace St. Joseph Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Augustine 6
13. Birthplace No record 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline
15. Birthplace No record 9
(City, town, or county) (State or foreign country)
16. (a) Informant L W Audley
(b) Address 1829 Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Quirk & Tobin
(b) Address 20 West Linwood
19. (a) 11-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day Nov year 1948 hour 10:59 minute P M.
21. I hereby certify that I attended the deceased from 11 Oct 1946 to 13 Nov 1948; that I last saw her alive on 13 Nov 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	1 wk.
Due to Cerebral thrombosis	months
Due to Cancer of Breast	2 yrs +
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. Glenn Elliott (M. D. or other) M.D.
Address 1102 Grand KCMo Date signed 12 Nov 48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.